

BOH I.D. #

PWCP #



FEE _____

Hingham Board of Health
APPLICATION FOR PRIVATE WELL CONSTRUCTION PERMIT

Address: _____

Owner: _____

Type of Well (Potable/Nonpotable) _____

Method of Well Construction (Drilled/Driven) _____

Well Driller: Name _____

Address (City/State) _____

Telephone # _____ D.E.M. Reg. # _____

Electrical Permit #: _____

All information required under Section 5.02 of the Hingham Board of Health Private Water Supply Regulations must accompany this application.

Owner's Signature Date

Application Approved by _____ Date _____

Application Disapproved by _____ Date _____

Reason(s) for Disapproval:

